

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2678AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2009
NAME OF PROVIDER OR SUPPLIER ATRIA SEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 N RAMPART LAS VEGAS, NV 89128		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 9/22/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility was licensed for 125 total Residential Facility for Group beds for elderly and disabled persons, 103 Category I residents and 22 Category II residents. The census at the time of the survey was 58. 15 resident files were reviewed and 15 employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 255 SS=F	<p>449.217(6)(a)(b) Permits - Comply with NAC 446</p> <p>NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.</p>	Y 255		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 255	Continued From page 1 This Regulation is not met as evidenced by: Based on observation on 9/22/09, the facility failed to comply with the standards prescribed in chapter 446 of NAC. The facility failed to ensure the following: - Proper cooling of beef brisket. - Proper sanitation reading in the third compartment of the three compartment pot sink. - Proper concentration (200 parts per million) when using quat. - Proper concentration for soaking solution for wiping cloths. - Shelf over silver hood, filters over flute top griddle, vents and filters on exterior front of hood fryer cabinet, sides of oven were clean. - Ice cream freezer was located near the dipper well. - Wall above slicer was clean and painted and attached electrical box on end of cooks line was clean. - Small dry storage closet off the dining room did not have carpet. - Mop was rinsed and hung to dry after use. - Personal belongings were not kept in the preparation area. Severity: 2 Scope: 3	Y 255			
Y 320 SS=F	449.220(1) Bedroom Doors - Locks NAC 449.220	Y 320			

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Y 320	Continued From page 2 1. A bedroom door in a residential facility which is equipped with a lock must open with a single motion from the inside unless the lock provides security for the facility and can be operated without a key or any special knowledge. This Regulation is not met as evidenced by: Based on observation and interview on 9/22/09, the facility failed to ensure 125 of 125 interior bedroom doors equipped with locks opened with a single motion. Scope: 2 Severity: 3	Y 320			
Y 356 SS=F	449.222(6) Bathrooms and Toilet Facilities NAC 449.222 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times. This Regulation is not met as evidenced by: Based on observation and interview on 9/22/09, the facility failed to ensure 125 of 125 bathroom doors equipped with locks opened with a single motion. Scope: 2 Severity: 3	Y 356			

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